AUTOMATED EXTERNAL DEFIBRILATOR (AED) PROGRAM

Department of Environmental Health & Safety

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REVISED January 2008

Review & Approval Authority

The Automatic External Defibrillator (AED) Program is approved by the Administration of Towson University and will be implemented as described herein.

David F. Harnage
Senior Vice President & Chief Fiscal Officer
For Administration & Finance

Jane Halpern, M.D
Director
University Health Center

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Appendices

I. General

Sudden cardiac arrest (SCA) kills 350,000 people in the United States every year. It can strike anyone. Even a seemingly healthy person can suffer a cardiac arrest without warning and death can occur instantly after the onset of symptoms. According to the American Heart Association (AHA), the only definitive treatment for SCA is a defibrillation shock that restores a normal heart rhythm. The chance of an SCA victim's survival decreases by 10 percent for every minute that passes. In order to be effective, defibrillation treatment must be administered within the first few minutes of SCA.

II. Purpose

The purpose of this document is to implement standardized procedures for a campus AED Program that comply with Maryland Institute For Emergency Medical Services Systems (MIEMSS) and Code Of Maryland Annotated Regulations (COMAR).

The procurement and use of all AED's on campus by University employees will be coordinated through the University's Sponsoring Physician and the University AED Program Coordinator under the University's MIEMSS's AED Authorization.

III. Responsibilities

A. Sponsoring Physician

1. Each authorized facility is required by COMAR regulations to have a sponsoring physician. Towson University's sponsoring physician shall be the Director of the University Health Center.

2. The sponsoring physician shall meet the following qualifications:

    a) Be licensed to practice medicine in the State of Maryland;
    b) Be knowledgeable in the operation of AED's at Towson University; and,
    c) Possess current knowledge of the:

        1) Maryland EMS System; and,
        2) AED Protocol in COMAR 30.06.03; and,
        3) AED quality assurance process in COMAR 30.06.04.

3. The sponsoring physician shall perform the following duties:

    a) Be responsible for providing medical direction for the operation of the AED's on the Towson University campus; and,
    b) Require that all personnel operating an AED on campus meet the training requirements of COMAR 30.06.05; and,
    c) Oversee the quality assurance program as required in COMAR 30.06.04; and,
    d) Liaise with the Baltimore County Fire Department Medical Director and the State EMS Medical Director; and,
    e) Require all personnel in the Towson University AED Program follow the protocols required in COMAR 30.06.03 and contained in this document.

4. Immediately notify the Towson University AED Program Coordinator of any changes in the status of the University's Sponsoring Physician.

B. AED Program Coordinator

1. Each authorized facility is required by COMAR regulations to have a Program Coordinator. Towson University's Program Coordinator shall be a qualified individual in the University's Department of Environmental Health & Safety.

2. The Program Coordinator shall meet the following qualifications:

   a) Be certified or licensed in Maryland as an EMS provider other than a first responder or emergency medical dispatcher; or,
   b) Have successfully completed either:

      i. An AED training course, incorporating CPR training provided by an approved AED training program, or
      ii. An AED training course provided by an approved AED training program and, before enrollment in the AED training course, CPR training;

   c) Successfully complete refresher training for CPR and AED required under COMAR 30.06.05; and,
   d) Be responsible for implementing and administering the AED program at Towson University in compliance with COMAR 30.06, Automated External Defibrillator Program.

3. The Program Coordinator or his designee will provide an orientation to the operation, maintenance and location of the authorized AED's on campus to all individuals who will be authorized to operate an AED at Towson University. This information will be provided as part of the training provided in University sponsored CPR/AED training programs.

4. The Program Coordinator will implement a quality assurance and maintenance program for all campus AED's in accordance with COMAR 30.06.04.

5. The Program Coordinator shall adopt written operational policies and procedures regarding the operations and maintenance of campus AED's which comply with COMAR 30.06 and the manufacturer. These records shall be subject to and available for inspection by MIEMSS.

6. The Program Coordinator shall be responsible for placing AED's in locations which meet the requirements of COMAR 30.06.03.03.

7. The Program Coordinator will ensure all electronic rescue data is downloaded from the AED within 24 hours of any incident where the AED was used on an arrest victim on campus and that all required reports will be completed and forwarded to MIEMSS within 48 hours of the incident.

8. The Program Coordinator shall submit data or other information concerning the campus AED Program which may be periodically requested by MIEMSS.

9. The Program Coordinator will ensure that all AED Program Participants follow the protocols contained in COMAR 30.06.03.03 and this document.

10. Return serviced AED and "AED Ready Kit" to appropriate Site Coordinator upon completion of servicing (download rescue data, replace electrodes, replenish "Ready Kit", etc.)

C. Authorized AED Program Participants

1. Must be 18 years old or older; and,

2. Must be initially trained as a qualified CPR/AED provider and maintain training certifications in accordance with the American Heart Association (AHA) or other nationally recognized training organization (i.e. Red Cross, National Safety Council, etc.); and,

3. Are required to follow all protocols contained in COMAR 30.06.03.03 and this document.

4. Participants who utilize an AED on campus must notify the AED Program Coordinator as soon as possible after using the AED so that the AED Operator Training Recognition Form in Appendix F is completed and returned to EHS for file.

D. AED Site Coordinators will:

1. Ensure that the AED daily inspection is performed by a properly trained individual in accordance with manufacturer procedures.

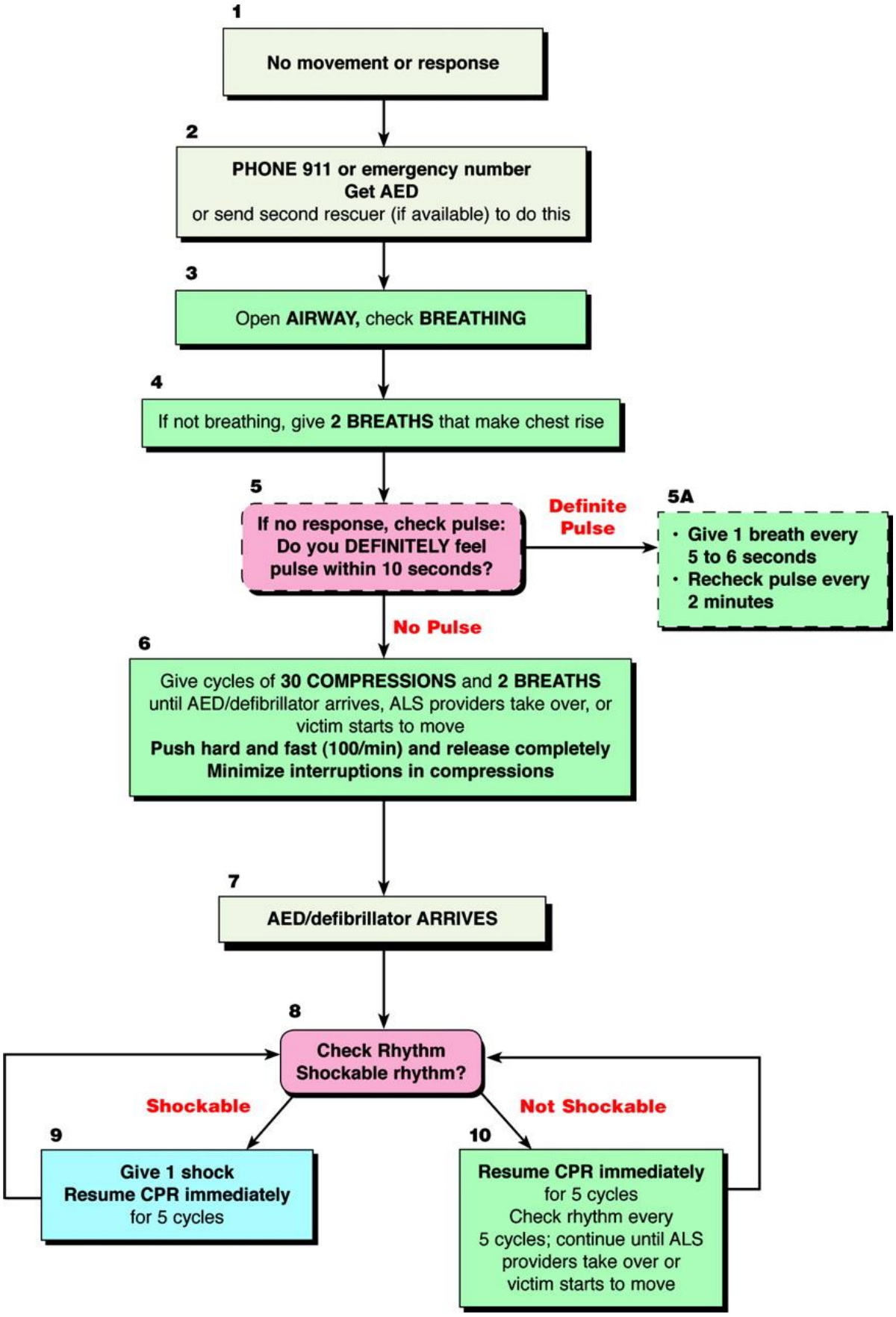
2. Ensure completed Inspection Log Forms are sent to EHS Quarterly no later than the 5th of April, July, October and January for filing.

3. Ensure AED (if used on arrest victim) and required paperwork is returned to EHS for equipment servicing/replenishment and paperwork review/submission within 24 hours.

IV. AED Protocol

A. All personnel in the AED program shall have access to and follow the following protocol when operating an AED:

1. Automated External Defibrillator Algorithm (Revised AHA 2005 Guidelines)



2. Contraindications.

    a) A patient who is breathing, responsive, speaking, or making intentional movements.

3. Potential Adverse Effects/Complications

    a) Burns to skin.
    b) Deactivation of patient's implanted pacemaker.
    c) Injury to patient, self and/or bystanders.

4. Precautions/Critical Concepts

    a) Wet conditions—Make sure the patient and environment are dry (this includes removing nitroglycerin paste from the chest with a dry cloth).
    b) Metal surfaces—Make sure patient is not touching any metal surfaces.
    c) Combustible materials or hazardous (explosive) environment—Remove patient, if possible, from area which presents hazard.
    d) Do not touch patient while AED is assessing, charging, or shocking patient.
    e) Ensure patient is "clear" (no one is touching patient) when shock button is pushed.
    f) If patient has internal pacemaker/defibrillator, position pad 1 hand's width (approximately 5 inches) from the pacemaker/defibrillator site. If patient has a nitroglycerin patch, remove the patch before attaching the AED.
    g) Never defibrillate while moving patient.
    h) Remove any piercings, if present.
    i) If the chest area is too hairy and interferes with pad placement, shave the chest hair with razor provided in AED kit.
    j) Remove eyeglasses and jewelry or other metal in area (i.e. necklace, underwire bra, etc.).

5. Location of AED(s) should provide optimal accessibility to the maximum number of individuals and authorized operator(s) at the facility. AED's may be accessible only during hours of normal building occupancy. Upon placement of the AED, Towson University considered the following:

    a) No obstacles in the way of AED.
    b) Avoid locked doors preventing quick access to AED.
    c) Areas of facility with large numbers of high-risk individuals.
    d) Length of time and distance to AED.
    e) The AED is placed in a location clearly visible to the authorized operators.

B. The following protocol is for use with the PowerHeart G3 and PowerHeart G3 Automatic AED, which are the AED's used on Towson University's campus. The procedures are specific to this line of AED's and recommended by the manufacturer. The use of any other AED must be completed with regard to the manufacturer's recommendations.

1. Indications for Use

a) The PowerHeart G3 or PowerHeart G3 Automatic should only be used on a patient who is:

i. Unconscious; and,
ii. Not Breathing; and,
iii. Has No Pulse.

b) Apply the appropriate AED Electrodes if the victim is:

i. Unconscious; and,
ii. Not breathing and pulseless; and,
iii. One (1) year of age or older (Use Pediatric AED Electrodes)

c) Apply AED Electrodes with **caution** if victim has a/an:

i. Nitroglycerin patch on his/her chest (remove nitroglycerin patch carefully, then apply AED electrodes); or,
ii. Implantable pacemaker (pacemaker may interfere with rhythm analysis; do not place electrodes directly over pacemaker. Electrodes should be placed one hands width away).

2. Procedure

a) Assess scene safety

i. Is the scene free of hazards?
ii. Rescuer makes sure there are no hazards to them. Some examples are:

- Electrical dangers (downed power lines, electrical cords, etc.)
- Chemical (hazardous gases, liquids or solids, smoke, etc.)
- Harmful people (anyone that could potentially harm you)
- Traffic (make sure you are not in the path of traffic)
- Fire or flammable gases (medical oxygen, cooking gas, etc.)

b) Determine if patient is

i. Unconscious
ii. Not breathing
iii. Has no pulse

c) If patient is non-responsive, immediately activate EMS (Call 9-1-1).

d) Immediately begin CPR until AED arrives.

e) Apply the appropriate size AED Electrodes if victim is:

   i. Unconscious; and,
   ii. Not breathing and pulseless; and,
   iii. One (1) year of age or older

f) Apply AED electrodes with **caution** if victim has a/an:

   i. Nitroglycerin patch on his/her chest (remove nitroglycerin patch carefully, then apply AED); or,
   ii. Implantable pacemaker (pacemaker may interfere with rhythm analysis; do not place electrodes directly over pacemaker. Electrodes should be placed one hands width away).
   iii. Other situations as mentioned in Section A above.

g) Open Lid – Opening the lid "turns on" the PowerHeart G3 or PowerHeart G3 Automatic AED's.

h) Follow Voice Prompts

   i. Place Electrodes – AED commands: "Place electrodes" Electrodes should be placed according to the picture on the electrode.
      - For adults: One electrode should be placed to the right of the breastbone, below the collarbone and above the right nipple. The other electrode should be placed outside the left nipple with the upper edge of the pad several inches below the left armpit.
      - For children under 8 years old or under 55 lbs.: One pediatric electrode should be placed on the center of the chest (anterior). The other electrode should be placed on the center of the back (posterior).
   ii. The PowerHeart G3 and PowerHeart G3 Automatic electrodes are non-polar and electrode positions are interchangeable. Either electrode can be placed in either location.
   iii. Analyze Rhythm – PowerHeart G3 or PowerHeart G3 Automatic says: "Do not touch patient. Analyzing rhythm."
   iv. Charges – PowerHeart G3 or PowerHeart G3 Automatic says: "Charging"
   v. Delivers Defibrillation Pulse – PowerHeart G3 says: "Stand clear. Push flashing button to rescue."
   vi. The PowerHeart G3 rescuer will state: "You're clear. I'm clear. We're all clear." and make visual head-to-toe check of the patient. Once this is accomplished, the rescuer will press the "rescue button" to deliver a defibrillation pulse.
   vii. Delivers Defibrillation Pulse – PowerHeart G3 Automatic says "Countdown to shock- 3,2,1" (shock will be automatically administered by AED)

i) Analyze/Charge/Pulse

   i. After the first defibrillation, the PowerHeart G3 or PowerHeart G3 Automatic will re-analyze the patient's heart rhythm. If the shock was unsuccessful, you will be instructed to immediately begin manual CPR.
   ii. Continue CPR until instructed to stop by the AED. Follow AED instructions until EMS arrives.
   iii. Remember that the PowerHeart G3 or PowerHeart G3 Automatic will not advise to defibrillate all pulseless patients. Some cardiac rhythms do not respond to defibrillation.

j) Repeat Analyze/Charge/Defibrillation

   i. If the first shock was unsuccessful, after one minute of CPR, the PowerHeart G3 or PowerHeart G3 Automatic will say: "Do not touch patient. Analyzing rhythm."
   ii. If the cardiac rhythm is shockable, the PowerHeart G3 or PowerHeart G3 Automatic will guide the rescuer through another defibrillation pulse sequence, followed by one minute of CPR. This sequence should continue until:

      - No shockable rhythm is detected; or,
      - The electrodes are disconnected; or,
      - Ambulance personnel arrive on the scene.

k) Patient Converts to a Non-Shockable Rhythm

   i. If at some point during the rescue the patient converts to a heart rhythm that does not require defibrillation, PowerHeart G3 or PowerHeart G3 Automatic says: "Check pulse. If no pulse, give CPR."

l) If a pulse is found on the patient and the patient is not breathing, continue rescue breathing, leave electrodes in place and follow voice prompts.

m) If the patient regains consciousness, make them as comfortable as possible until ambulance personnel arrive on the scene.

n) Advise TUPD to contact EHS Program Coordinator to alert EHS of AED use so that EHS can begin filing the appropriate paperwork to MIEMSS.

o) Return AED and completed documentation (Maryland Facility AED Report Form for Cardiac Arrest - Appendix B) to EHS within 24 hours for data download and equipment repair/replenishment.

C. Towson Center Arena, Burdick Hall & Linthicum Hall AED Cabinet Protocol

The Towson Center AED Cabinet, located in the main lobby area outside the arena; the Burdick Hall AED Cabinet, located in the main lobby area outside Gym 1; and, the Linthicum Hall AED Cabinet, located in the 1st Floor Lobby, are connected to the TU Police Department (TUPD). When the cabinet is "armed" (key turned to the "on" position) and the cabinet door is opened, the local audio/visual alarms sound and the following message is displayed at the TUPD Communications Center "Phoenix" Computer:

Towson Center:
Alarm: "Towson Center Lobby AED Cabinet"
Address: "VIPS Express Concession"

Burdick Hall
Alarm: "Burdick Hall Lobby AED Cabinet"
Address: '"Located in Burdick Hall Lobby" Zone 32

Linthicum Hall
Alarm: "Linthicum Hall AED Cabinet"
Address: "Zone 44, Account 112"

The Towson Center, Burdick Hall & Linthicum Hall AED Site Coordinators have a key to deactivate the alarm when necessary.

When the cabinet is disarmed (i.e. key turned to the "off" position) and the cabinet door is opened, the local audio/visual alarm will not activate and the TUPD will not receive the alarm on the Phoenix computer.

There is also a plastic security seal on the cabinet door to prevent accidental opening. Spare seals are kept inside the cabinet and should be replaced whenever broken.

Upon receiving the alarm at the Phoenix computer, the TUPD will contact the Towson Center, Burdick Hall or Linthicum Hall AED Site Coordinators during normal site hours to advise if there is a real cardiac emergency. During off duty site hours, when the TUPD receives the alarm on the Phoenix computer, they will immediately respond to the Towson Center or Burdick or Linthicum Halls to investigate the source of the alarm.

The cabinet should be armed at all times to prevent the theft/unauthorized use of the AED.

D. AED Cabinets (all locations except Towson Center Arena, Burdick & Linthicum Halls)

When the cabinet is "armed" (key turned to the "on" position) and the cabinet door is opened, the local audio/visual alarms sounds. The AED Site Coordinators have a key to their cabinet at their location to deactivate the alarm when necessary.

When the cabinet is disarmed (i.e. key turned to the "off" position) and the cabinet door is opened, the local audio/visual alarm will not activate.

There is also a plastic security seal on the cabinet door to prevent accidental opening. Spare seals are kept inside the cabinet and should be replaced whenever broken.

Cabinets should be left armed at all times to prevent the theft/unauthorized use of the AED.

E. Emergency Stickers on AED Units

Each AED has an emergency sticker on it which lists who to contact in an emergency or in case of a malfunction. The TUPD is listed first, followed by the University AED Coordinator. See a sample of the sticker in Appendix P.

V. Training

Any employee who is expected to provide emergency care to a patient of sudden cardiac arrest will be trained in CPR and AED use. This training will conform to the American Heart Association (AHA) standards or another nationally recognized training organization.

Each individual who operates an AED for Towson University shall:

A. Either

1. Have successfully completed:

    a. An AED training course, incorporating CPR training, provided by an approved AED training program (as described in COMAR 30.06.05.02);
    b. An AED training course provided by an approved AED training program, and CPR training prior to enrollment in the AED training course; or
    c. An AED and CPR training program in another state which authorizes the individual to provide AED in another state; or

2. Be certified or licensed in Maryland as an Emergency Medical Services Provider other than a First Responder or Emergency Medical Dispatcher; and

B. Either

1. Receive refresher training consistent with the requirements of an approved AED training program; or
2. Maintain current certification or licensure in Maryland as an Emergency Medical Services Provider other than a First Responder or Emergency Medical Dispatcher; and,

C. Receive refresher CPR/AED training every year unless included in Emergency Medical Services Provider continuing education.

VI. Reporting & Record Keeping

The Department of Environmental Health and Safety (EHS) will maintain all documentation of all necessary equipment maintenance, repairs, inspections, authorized

users, annual maintenance, etc., and will be the University's point-of-contact with all off-campus organizations.

EHS will be immediately notified whenever a campus AED is deployed for a campus emergency. Whenever a campus AED is utilized on an actual arrest victim during a campus incident, EHS will be immediately notified and the information contained on the *Maryland Facility AED Report Form for Cardiac Arrests* will be provided to EHS within 24 hours of the incident. EHS will complete the form and forward it to MIEMSS within the required 48 hours.

For quality control purposes, EHS will maintain the following records:

1. *Maryland Facility AED Report Form for Cardiac Arrests*

   The AED Program Coordinator will complete the form in the Appendix B; "Maryland Facility AED Report Form for Cardiac Arrests" upon all uses of the FirstSave AED on an actual arrest victim and forward it to MIEMSS. A copy of this report will be maintained in the EHS Offices on the 4th floor of the Administration Building.

2. *FDA MEDWATCH AED Malfunction Report*

   The AED Program Coordinator will complete the form in Appendix C, "FDA MEDWATCH AED Malfunction Report" upon all malfunctions observed with the AED use. A copy of this report will be maintained in the EHS Offices on the 4th floor of the Administration Building.

3. *TU AED Daily Inspection Log Form*

   Each AED Site Coordinator is responsible for ensuring that the AED daily inspection is performed by a properly trained individual in accordance with manufacturer procedures. Completed Inspection Log Forms will be sent to EHS Quarterly no later than the 5th of the 3rd month for filing. A listing of Campus Site Coordinators is contained in Appendix E.

   - Administration Building

     The Human Resources Department will complete the daily inspection log form for the AED maintained at the Administration Building.

   - Burdick Hall

     The Department of Campus Recreation Services will complete the daily inspection log form for the AED maintained at Burdick Hall.

   - Towson Center

     The Department of Events and Conference Services will complete the daily inspection log form for the AED maintained at the Towson Center Arena and the portable unit for use at Stadium Events. The Athletics Department will complete the daily inspection log form for the AED's maintained in the Athletics Department at the Towson Center and the Field House. The

Kinesiology Department will maintain the form for the AED maintained in the Kinesiology Lab on the 3rd floor of the Towson Center.

- General Services (TUPD Mobile Unit)

  The Towson University Police Department will complete the daily inspection log form for the TUPD Mobile AED Unit.

- Linthicum Hall

  The Geography Department will complete the daily inspection log form for the AED maintained in Linthicum Hall.

- University Union

  The Department of Events and Conference Services will complete the daily inspection log form for the AED maintained at the University Union.

- Dowell Health Center

  The Health Center staff will complete the daily inspection log form for the AED maintained at the Health Center.

4. *AED Operator Training Recognition Form*

EHS will maintain documentation of all personnel authorized to operate AED's, including dates of initial training (both AED & CPR) and subsequent required refresher training. Therefore, all employees on campus who are authorized to use an AED on campus must complete the "AED Operator Training Recognition Form" in Appendix F.

All individuals trained by EHS will fill out the form upon completion of training and be included on the authorized users list.

Campus Recreations Services

Individuals trained by the Department of Campus Recreation Services will fill out the AED Operator Training Recognition Form upon completion of training and the Department of Campus Recreation Services will forward completed forms to EHS to be included on the authorized users list. The Department of Campus Recreation Services will maintain a list of their staff who are CPR/AED certified and forward completed AED Operator Training Recognition Forms to EHS as they are updated.

Events & Conference Services

Medical Staff hired by Events and Conference Services (E&CS) to provide medical services for events on campus must also fill out the AED Operator Training Recognition Form and forward completed copies to EHS in order to be included on the authorized users list at Towson University.

All E&CS staff who are not CPR/AED trained by EHS must still complete the AED Operator Training Recognition Form. E&CS will maintain a list of their staff who are CPR/AED certified and forward completed AED Operator Training Recognition Forms to EHS as they are updated.

TUPD

The TUPD receive First Responder Training (which includes CPR & AED) through the Maryland State Police Department which is valid for 3 years. However, they receive AED training annually during Departmental In-Service Training. It is the responsibility of the TUPD Site Coordinators to obtain the AED Operator Training Recognition Form for the TUPD staff and forward it to EHS.

All other Individuals

All other individuals who are not trained by EHS or the TUPD and want to be included on the authorized AED users list at Towson University must contact EHS to fill out the form.

If an individual in an AED Site location is trained by another approved training agency, it is the responsibility of the AED Site Coordinator for that AED Site to obtain the AED Operator Training Recognition Form from the individual and forward it to EHS.

5. Towson University's current recognition from MIEMSS as an approved AED training program.

   The original copy of Towson University's AED Program approval by MIEMSS is posted on the EHS bulletin board adjacent to Room 429 at the EHS Offices on the 4th floor of the Administration Building. There is also a copy of Towson University's MIEMSS AED Program Certification in Appendix H.

6. A log showing the dates of performance of manufacturer-recommended maintenance as well as the name of the company performing the maintenance.

7. Repairs performed on the AED, as well as the date and name of the company performing the repairs.

8. Documentation showing the name, address and telephone number of the sponsoring physician and verification that the physician meets the required qualifications.

   Towson University's sponsoring physician is:

   Dr. Jane Halpern, MD
   Director of Health Services
   Towson University Health Center
   8000 York Road
   Towson, Maryland 21252
   (410) 704-2466

   A copy of the University's Sponsoring Physician's license to practice in the State of Maryland is in Appendix G.

VII. Program Evaluation

The Program Coordinator and the Medical Director will review the MIEMSS Facility AED Report Form for Cardiac Arrest and FDA MEDWATCH AED Malfunction Report form after each use of any TU AED. Additionally, the rescue data will also be reviewed for appropriate treatment.

A. Towson University will implement a quality assurance and maintenance program consistent with the requirements of COMAR 30.06.04.02. Specifically, Towson University will:

1. Implement a quality assurance program which at a minimum, provides for:

   a) Review by the authorized facility's sponsoring physician of each incident in which an AED was operated or there was a response with an AED to determine the appropriateness of the operation of the AED or the AED response; and

   b) For each incident in which the sponsoring physician determines that the use of the AED was inappropriate:

      i. A conference among the individual operating or responding with the AED, the AED Program Coordinator and the sponsoring physician; and
      ii. Submission of a report to the State EMS Medical Director summarizing the conclusions of the review and conference;

   c) Reporting each incident as required by the regulation (i.e. MIEMSS Facility AED Report Form for Cardiac Arrest, FDA MEDWATCH AED Malfunction Report – if appropriate – etc.)

   d) Compliance with all requirements of the Federal Safe Medical Devices Act of 1990 and the Medical Device Amendments of 1992;

   e) Providing remedial action as necessary to resolve any issues of compliance with the regulation;

2. Adopt written procedures for the implementation and administration of the quality assurance and maintenance program which shall have been approved by the authorized facility's sponsoring physician;

3. Maintain:

   a) The original AED Program Certificate issued by MIEMSS on the EHS bulletin board adjacent to Room 429 in the EHS Office in the Administration Building;
   b) Each AED and all related equipment and supplies in accordance with the standards established by the AED manufacturer and the Federal Food and Drug Administration;
   c) Supplemental equipment with the AED at all times as follows:

      i. 2 sets of Adult defibrillator chest pads (1 set attached to device & 1 spare set);
      ii. 1 set of Pediatric defibrillator chest pads
      iii. 2 disposable pocket facemasks;
      iv. 1 disposable bag resuscitator;

v. 4 pair disposal gloves;
vi. 2 safety razors, for shaving patient's chest, if necessary for proper defibrillator pad contact;
vii. 1 absorbent towel/trauma pad;
viii. 5 4x4 gauze pads;
ix. 1 SMW bag for contaminated wastes;
x. 1 pair scissors;
xi. 1 bottle waterless antibacterial hand gel/hand sanitizer;
xii. Maryland Facility AED Report Forms for Cardiac Arrest.

d) All AED storage areas, equipment and supplies clean and sanitary;

e) Each AED in a closed, intact case with no visible signs of damage what would interfere with its use;

f) Written records of the required information (see the Recordkeeping Section of this Program).

4. Submit:

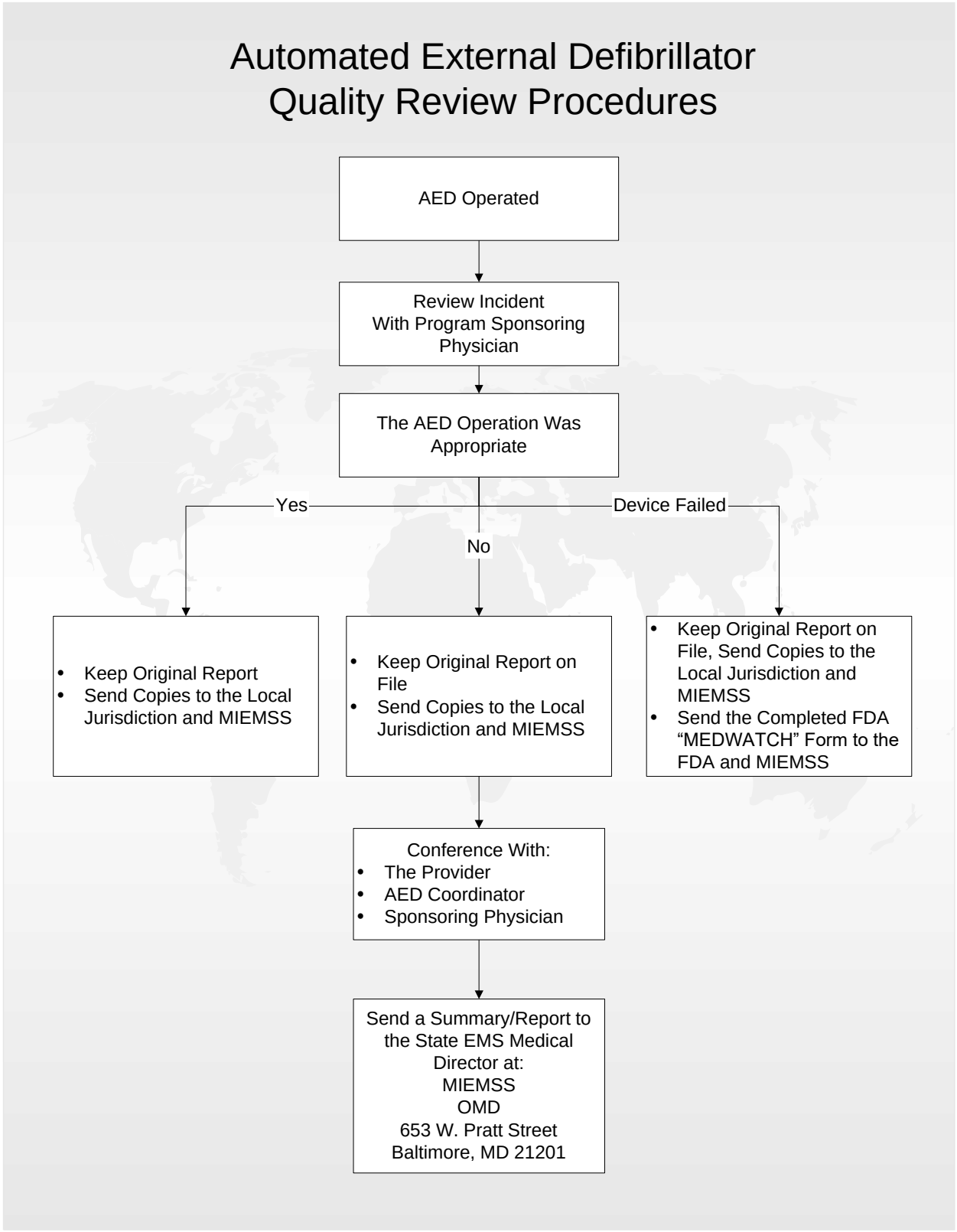
a) A report for each incident in which an AED is operated or there was an AED response, on the Maryland Facility AED Report Form for Cardiac Arrests, including any event (code) summary, recording or tape created by the AED

i. To the office of the State EMS Medical Director; and
ii. If the Public Safety Answering Point (PSAP) (9-1-1) is accessed, to the local jurisdictional EMS operational program; and

b) If the AED fails when operated, in addition to submitting the required report to the Federal Food and Drug Administration, a copy of the report to the State EMS Medical Director.

5. Ensure the confidentiality of any medical records maintained by Towson University in accordance with Health General Article, Title 4, Subtitle 3, Annotated Code of Maryland.

B. Automated External Defibrillator Quality Review Procedure Algorithm



C. Periodic Review of AED Locations

1. The Campus AED Program Sponsoring Physician, Program Coordinator and Site Coordinators will meet as necessary or at least annually and review the locations of campus AED's to determine if suitability of present locations and need for additional locations.

2. At a minimum, any completed MIEMSS FACILITY AED REPORT FORMS FOR CARDIAC ARRESTS will be reviewed for the identification of any potential site location trends.

APPENDIX A

AED REGULATIONS COMAR 30.06

Links:

Subtitle 06
AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM
30.06.01 Definitions http://www.dsd.state.md.us/comar/30/30.06.01.01.htm

30.06.02 Approval of Authorized Facilities and Compliance
http://www.dsd.state.md.us/comar/30/30.06.02.01.htm
http://www.dsd.state.md.us/comar/30/30.06.02.02.htm
http://www.dsd.state.md.us/comar/30/30.06.02.03.htm
http://www.dsd.state.md.us/comar/30/30.06.02.04.htm
http://www.dsd.state.md.us/comar/30/30.06.02.05.htm
http://www.dsd.state.md.us/comar/30/30.06.02.06.htm

30.06.03 Medical Direction and Protocol
http://www.dsd.state.md.us/comar/30/30.06.03.01.htm
http://www.dsd.state.md.us/comar/30/30.06.03.02.htm
http://www.dsd.state.md.us/comar/30/30.06.03.03.htm

30.06.04 Quality Assurance and Maintenance
http://www.dsd.state.md.us/comar/30/30.06.04.01.htm
http://www.dsd.state.md.us/comar/30/30.06.04.02.htm

30.06.05 Training Requirements
http://www.dsd.state.md.us/comar/30/30.06.05.01.htm
http://www.dsd.state.md.us/comar/30/30.06.05.02.htm
http://www.dsd.state.md.us/comar/30/30.06.05.03.htm
http://www.dsd.state.md.us/comar/30/30.06.05.04.htm

APPENDIX B

MIEMSS FACILITY AED REPORT FORM FOR CARDIAC ARRESTS

CONFIDENTIAL

For Official Use Only
M-CAPD #_____
Facility CA Form #_____
MAIS Form #_____

MARYLAND FACILITY AED REPORT FORM FOR CARDIAC ARRESTS

To be completed immediately after a cardiac arrest occurs at your facility or the facility AED is put on a patient
Form should be filled out by the main caregiver at the scene & the Facility AED Operator and returned to MIEMSS **within 48 hours**
Please Return Completed Form with your AED Summary Report and copy of FDA Incident Form (if applicable) to:
Maryland Institute for Emergency Medical Services Systems (MIEMSS)
653 West Pratt Street Baltimore MD 21201 Attention: Epidemiology / M-CAPD Study
Fax: (410) 706-4366

1.Facility Name: Towson University

2.Incident Location: _____
Street address

_____
City *State* *ZipCode* *County*

3. Date of Incident: _____/_____/_____
Mo. *Day* *Yr.*

4.Estimated Time of **Incident**: _____:_____ a.m. /p.m. 4a.Estimated Time that **911 Call** was placed: _____:____ a.m. / p.m.
Hr. *Min.* *Hr.* *Min.*

5. Name of Patient:_____
First *Middle* *Last*

6. Patient Gender: Male[ ] Female[ ] 7. Estimated Age of Patient: _____Yrs.

8. Did the patient collapse (become unresponsive, i.e., no breathing, no coughing, no movement)? Yes[ ] No[ ]

8a. If Yes, what were the Events immediately prior to the collapse (check all that apply):
Difficulty Breathing [ ] Chest Pain [ ] No Signs or Symptoms[ ] Drowning [ ]
Electrical Shock [ ] Injury [ ] Unknown [ ]

8b.Was someone present to see the person collapse? Yes[ ] No[ ]
If yes, was that person a trained AED Employee? Yes[ ] No[ ]

8c. After the collapse, at the time of Patient Assessment and just prior to the Facility AED pads being applied,
Were there signs of circulation (breathing, coughing, movement)? Yes[ ] No[ ]
Was pulse checked? Yes[ ] No[ ]
If yes, did the person have a pulse? Yes[ ] No[ ]

9. Was CPR given prior to 911 EMS arrival? Yes[ ] Go to #9a No[ ] Go to #10
9a.Estimated time CPR Started: _____:_____a.m. / p.m.
Hr. *Min.*
9b. Was CPR started prior to the Arrival of a Trained AED Employee? Yes[ ] No[ ]
9c.Who *Started* CPR? Bystander[ ] Trained AED Employee[ ]

10. Was a Facility AED brought to the patient's side prior to 911 EMS arrival? Yes[ ] No[ ]
10a. If No, Briefly describe why and skip to question 17:_____
10b. If Yes, Estimated Time (based on your watch) Facility AED at patient's side: _____:_____a.m. /p.m.
Hr. *Min.*

TURN OVER and COMPLETE BOTH SIDES

CONFIDENTIAL

11. Were the Facility AED Pads put on the patient? Yes[ ] No[ ]

11a. If Yes, Was the person who put the AED pads on the patient a:
Trained AED Facility Employee[ ] Untrained AED Facility Employee[ ] Bystander[ ]

12. Was the Facility AED turned on? Yes[ ] No[ ]

12a. If Yes, Estimated Time (based on your watch) Facility AED was turned on: _____:_____a.m. /p.m.
Hr. Min.

13. Did the Facility AED ever shock the patient? Yes[ ] No[ ]

If Yes,
13a. Estimated time (based on your watch) of 1st shock by facility AED: _____:_____a.m. / p.m.
Hr. Min.
13b.If shocks were given, how many shocks were delivered prior to the EMS ambulance arrival? #_____

14. Name of Person operating the Facility AED:_____
First Middle Last

14a. Is this person a trained AED employee? Yes[ ] No[ ]
14b. Highest level of medical training of person administering the Facility AED:
Public AED Trained [ ] First Responder AED Trained [ ] EMT-B [ ] CRT/EMT-P [ ]
Nurse/Physician [ ] Other Health Care Provider [ ] No Known Training [ ]

15. Was there any mechanical difficulty or failure associated with the use of the Facility AED? Yes[ ] No[ ]
15a. If Yes, Briefly explain and attach a copy of the completed FDA reporting form (required by Federal law).

_____

_____

16. Were there any unexpected events or injuries that occurred during the use of the Facility AED? Yes[ ] No[ ]

16a. If yes, Briefly explain:_____

_____

17.Indicate the patient's status at the time of the 911 EMS arrival:

				Hr. Min.
17a. Pulse restored:	Yes [ ] No [ ]	Don't Know [ ]	If Yes, Time Pulse Restored:	__ __:__ __
17b. Breathing restored:	Yes [ ] No [ ]	Don't Know [ ]	If Yes, Time Breathing Restored:	__ __:__ __
17c. Responsiveness restored:	Yes [ ] No [ ]	Don't Know [ ]	If Yes, Time Patient Responsive:	__ __:__ __
17d. Signs of circulation:	Yes [ ] No [ ]	Don't Know [ ]	If Yes, Time Circulation Returned:	__ __:__ __

18. Was the patient transported to the hospital? Yes[ ] No[ ]
18a. If Yes, How was the patient transported? EMS Ambulance[ ] Private Vehicle[ ] Other_____

Report Completed by:_____
Please Print Name *Date*

_____
Signature *Date*

_____ _____
Title *Office Phone*

*Make/Model of the Facility AED that was used?*_____
Manufacturer Make *Model #*

Was a Rural Health Grant funded AED used at the scene? (i.e., Was there a MR-AED sticker on the AED?) Yes [ ] No [ ]
If yes, by whom? Police Mobile Unit[ ] Emergency Roadside Assist [ ] Public Access Facility [ ]

RETURN TO MIEMSS WITHIN 48 HOURS FOLLOWING INCIDENT: FAX (410) 706-4366
QUESTIONS? CONTACT MIEMSS Office of Epidemiology at PHONE: (410) 706-4193

Facility Name Towson University

APPENDIX C

FDA MEDWATCH AED MALFUNCTION REPORT

MEDWATCH

FDA MEDICAL PRODUCTS REPORTING PROGRAM

For use by user-facilities, distributors and manufacturers for MANDATORY reporting

Page ____ of ____

Form Approved: OMB No. 0910-0291 Expires: 11/30/0
See OMB statement on reverse

Mfr report #
UF/Dist report #
FDA Use Only

A. Patient information

1. Patient identifier In confidence	2. Age at time of event: or Date of birth:	3. Sex ☐ female ☐ male	4. Weight ____ lbs or ____ kgs

B. Adverse event or product problem

☐ Adverse event and/or ☐ Product problem (e.g., defects/malfunctions)

5. Outcomes attributed to adverse event (check all that apply)

☐ death ____ (mo/day/yr)
☐ life-threatening
☐ hospitalization – initial or prolonged
☐ disability
☐ congenital anomaly
☐ required intervention to prevent permanent impairment/damage
☐ other: ____

3. Date of event (mo/day/yr)	4. Date of this report (mo/day/yr)

6. Describe event or problem

7. Relevant tests/laboratory data, including dates

8. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

C. Suspect medication(s)

1. Name (give labeled strength & mfr/labeler, if known)
#1
#2

2. Dose, frequency & route used	3. Therapy dates (if unknown, give duration) from/to (or best estimate)
#1	#1
#2	#2

4. Diagnosis for use (indication)	5. Event abated after use stopped or dose reduced
#1	#1 ☐ yes ☐ no ☐ doesn't apply
#2	#2 ☐ yes ☐ no ☐ doesn't apply

6. Lot # (if known)	7. Exp. date (if known)
#1	#1
#2	#2

8. Event reappeared after reintroduction
#1 ☐ yes ☐ no ☐ doesn't apply
#2 ☐ yes ☐ no ☐ doesn't apply

9. NDC # – for product problems only (if known)
– –

10. Concomitant medical products and therapy dates (exclude treatment of event)

D. Suspect medical device

1. Brand name

2. Type of device

3. Manufacturer name & address

4. Operator of device
☐ health professional
☐ lay user/patient
☐ other: ____

5. Expiration date (mo/day/yr)

6.
model # ____
catalog # ____
serial # ____
lot # ____
other #

7. If implanted, give date (mo/day/yr)

8. If explanted, give date (mo/day/yr)

9. Device available for evaluation? (Do not send to FDA)
☐ yes ☐ no ☐ returned to manufacturer on ____ (mo/day/yr)

10. Concomitant medical products and therapy dates (exclude treatment of event)

E. Initial reporter

1. Name & address	phone #

2. Health professional?	3. Occupation	4 Initial reporter also sent report to FDA
☐ yes ☐ no		☐ yes ☐ no ☐ unk

FDA

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

Medication and Device Experience Report
(continued)

Refer to guidelines for specific instructions

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

Public Health Service • Food and Drug Administration

Page ___ of ___

FDA Use Only

For use by user facility/distributor–devices only

1. Check one
☐ user facility ☐ distributor

2. UF/Dist report number

3. User facility or distributor name/address

4. Contact person

5. Phone Number

6. Date user facility or distributor became aware of event (mo/day/yr)

7. Type of report
☐ initial
☐ follow-up # ____

8. Date of this report (mo/day/yr)

9. Approximate age of device

10. Event problem codes (refer to coding manual)
patient code ___ – ___ – ___
device code ___ – ___ – ___

11. Report sent to FDA?
☐ yes ____ (mo/day/yr)
☐ no

12. Location where event occurred
☐ hospital
☐ home
☐ nursing home
☐ outpatient treatment facility
☐ outpatient diagnostic facility
☐ ambulatory surgical facility
☐ other: ____ specify

13. Report sent to manufacturer?
☐ yes ____ (mo/day/yr)
☐ no

Manufacturer name/address

G. All manufacturers

1. Contact office – name/address (& mfring site for devices)

2. Phone number

3. Report source (check all that apply)
☐ foreign
☐ study
☐ literature
☐ consumer
☐ health professional
☐ user facility
☐ company representative
☐ distributor
☐ other: ____

4. Date received by manufacturer (mo/day/yr)

5. (A) NDA # ____
IND # ____
PLA # ____
pre-1938 ☐ yes
OTC product ☐ yes

6. If IND, protocol #

7. Type of report (check all that apply)
☐ 5-day ☐ 15-day
☐ 10-day ☐ periodic
☐ initial ☐ follow-up # ____

8. Adverse event term(s)

9. Mfr. report number

H. Device manufacturers only

1. Type of reportable event
☐ death
☐ serious injury
☐ malfunction (see guidelines)
☐ other: ____

2. If follow-up, what type?
☐ correction
☐ additional information
☐ response to FDA request
☐ device evaluation

3. Device evaluated by mfr?
☐ not returned to mfr.
☐ yes ☐ evaluation summary attached
☐ no (attach page to explain why not) or provide code: ____

4. Device manufacture date (mo/yr)

5. Labeled for single use?
☐ yes ☐ no

6. Evaluation codes (refer to coding manual)
method ___ – ___ – ___ – ___
results ___ – ___ – ___ – ___
conclusions ___ – ___ – ___ – ___

7. If remedial action initiated, check type
☐ recall
☐ repair
☐ replace
☐ relabeling
☐ other: ____
☐ notification
☐ inspection
☐ patient monitoring
☐ modification/adjustment

8. Usage of device
☐ initial use of device
☐ reuse
☐ unknown

9. If action reported to FDA under 21 USC 360i(f), list correction/removal reporting number:

10. ☐ Additional manufacturer narrative and/or 11. ☐ Corrected data

Please DO NOT RETURN this form to this address.

APPENDIX D

TU AED DAILY INSPECTION LOG FORM

Towson University AED Daily Safety Inspection Record

_____ (Month/Year)

AED Serial #: _____ AED Location: _____

Date MM/DD/YY	*Inspector's Initials*	*Case Intact? Y or N*	*Battery Charged- "Ready for Use" Y or N*	*Pads Expired Y or N?*	*All Equipment in Case? Y or N*

AED Electrode Expiration Date: ____/____ (Month/Year)

Ready-Kit Spare Adult Electrode Expiration Date: ____/____ (Month/Year)

Ready Kit -Pediatric Electrode Expiration Date: ____/____ (Month/Year))

Department of
Environmental Health & Safety

Towson University
8000 York Road
Towson, MD 21252-0001

t. 410 704-2949
f. 410 704-2993
safety@towson.edu

Revised 12/06

Instructions for Completing AED Daily Inspection Record

Date:	The unit should be inspected daily. Enter the date the unit was inspected.
Inspectors Initials:	Enter the inspector's legible initials. Only trained individuals may perform the daily inspection.
Storage Case Intact:	Yes or No entry. Check to see if the storage case (either soft flexible or wall-mounted) is present, serviceable and undamaged. If all ok – enter "yes", if "no"; 1) Immediately contact EHS at x4-2949 to report deficiency; and, 2) Explain problem on back of form.
Battery Charged:	Yes or No entry. Check to see if the status indicator in the handle is "green". ***If the indicator is "red", the unit is NOT ready for a rescue and should be immediately pulled from service. Notify EHS immediately*** **for repair at x4-2949.**
Pads Expired:	Yes or No entry. Check to see if the expiration date of the pads (electrodes) has been exceeded. 30 days prior to the expiration date, contact EHS for replacement pads.
All Equipment in Carrying Case:	Yes or No entry. Are all required items serviceable and in case. If everything present, enter "yes", if "no"; 1) Immediately contact EHS at x4-2949 to report deficiency; and, 2) Explain problem on back of form.

Required items:

- ✓ 2 sets of Adult defibrillator chest pads (1 set attached to device & 1 spare set in Ready Kit);
- ✓ 1 set Pediatric AED Electrodes in Ready Kit;
- ✓ 2 disposable pocket facemasks;
- ✓ 1 disposable bag resuscitator;
- ✓ 4 pair disposal gloves;
- ✓ 2 safety razors (for shaving patient's chest, if necessary for proper defibrillator pad contact);
- ✓ 1 absorbent towel/trauma pad;
- ✓ 5 each 4x4 gauze pads;
- ✓ 1 pair scissors
- ✓ 1 bottle waterless antibacterial hand gel/hand sanitizer
- ✓ 1 red SMW bag for contaminated wastes;
- ✓ 1 Maryland Facility AED Report Forms for Cardiac Arrest.

Electrode
Expiration Dates: Enter electrode expiration dates (Month/Year) in appropriate space.

1) AED electrode expiration date is found in the clean window in the center of the case.
2) The spare Adult and Pediatric Ready Kit AED Electrode expiration dates are located on the tag on the zipper.

Revised 12/06

APPENDIX E

TU AED LOCATIONS, SITE COORDINATORS & REQUIRED EQUIPMENT LIST

Department of
Environmental Health & Safety

Towson University
8000 York Road
Towson, MD 21252-0001

t. 410 704-2949
f. 410 704-2993
safety@towson.edu

Campus AED Locations, Site Coordinators & Equipment Distribution List

7720 Administration Building (***Excluding*** Fitness Center*):
HUMAN RESOURCES RECEPTION AREA
PRIMARY SITE COORDINATOR: Randy Peaker
BACK-UP SITE COORDINATOR: Sharon McKendry

- 1 Powerheart G3 Automatic AED
- MIEMSS "Ready Kit"**
- Daily Inspection Log
- Wall Mounted Cabinet

TUPD (General Services):
MOBILE UNIT (PATROL CARS)
PRIMARY SITE COORDINATOR: Mr. Bruce Robins
BACK-UP SITE COORDINATOR: Cpl. Frank Remesch
BACK-UP SITE COORDINATOR: Cpl. David Nalesnik

- 1 Powerheart G3 AED complete w/ Pelican Case
- 1 MIEMSS "Ready Kit"**
- Daily Inspection Log

Burdick Hall:
CAMPUS RECREATION SERVICES OFFICE
PRIMARY SITE COORDINATOR: Dirron Allen
BACK-UP SITE COORDINATOR: Ned Britt

- 1 Powerheart G3 Automatic AED
- MIEMSS "Ready Kit"**
- Daily Inspection Log
- High Security Wall Mounted Cabinet

University Union:
2ND FLOOR INFORMATION DESK
PRIMARY SITE COORDINATOR: John Adams
BACK-UP SITE COORDINATOR: Karen Childs

- 1 Powerheart G3 Automatic AED
- MIEMSS "Ready Kit"*
- Daily Inspection Log
- Wall Mounted Cabinet

Towson Center:
ARENA LOBBY
PRIMARY SITE COORDINATOR: Bill Murphy
BACK-UP SITE COORDINATOR: Mia Jones

- 1 Powerheart G3 Automatic AED
- MIEMSS "Ready Kit"**
- Daily Inspection Log
- High Security Wall Mounted Cabinet

ATHLETICS – TRAINING ROOM & FIELD HOUSE
PRIMARY SITE COORDINATOR: Terry O'Brien

- 3 Powerheart G3 AED's
- 1 Powerheart G3 Automatic AED
- 4 MIEMSS "Ready Kits"**
- Daily Inspection Log
- 4 Backpacks

EVENTS & CONFERENCE SERVICES USE ONLY (FOR E&CS EVENTS ON CAMPUS, STORED IN BUILDING COORDINATOR'S OFFICE WHEN NOT IN USE.)
PRIMARY SITE COORDINATOR: Bill Murphy
BACK-UP SITE COORDINATOR: Mia Jones

- 1 Powerheart G3 Automatic AED w/Pelican Case
- MIEMSS "Ready Kit"**
- Daily Inspection Log

Dowell Health Center:
1ST FLOOR BY STAIRS
PRIMARY SITE COORDINATOR: Ann Royer
BACK-UP SITE COORDINATOR: Dr. Jane Halpern

- 1 Powerheart G3 Automatic AED
- MIEMSS "Ready Kit"**
- Daily Inspection Log
- Wall Mounted Cabinet

Linthicum Hall:
1ST FLOOR LOBBY NEAR ROOM 104
PRIMARY SITE COORDINATOR: Doug Herman
BACK-UP SITE COORDINATOR: Kent Barnes

- 1 Powerheart G3 Automatic AED
- MIEMSS "Ready Kit"**
- Daily Inspection Log
- High Security Wall Mounted Cabinet

Kinesiology Department
Towson Center 3rd Floor Room 343
RESTRICTED USE –Kinesiology Dept Only.
Primary Site Coordinator: Brian Hand
Back-Up Site Coordinator: Jerry Jerome

- 1 Powerheart G3 Automatic AED w/Soft Case
- MIEMSS "Ready Kit"**
- Daily Inspection Log

Van Bokkelen Hall:
SPEECH & LANGUAGE CLINIC, ROOM 01
PRIMARY SITE COORDINATOR: Julie Hook
BACK-UP SITE COORDINATOR: Krista Ports

- 1 Powerheart G3 Automatic AED w/soft case
- MIEMSS "Ready Kit"**
- Daily Inspection Log

Cook Library:
3RD FLOOR CIRCULATION DESK
PRIMARY SITE COORDINATOR: Deborah Nolan
BACK-UP SITE COORDINATOR: Diane Cascella

- 1 Powerheart G3 Automatic AED w/soft case
- MIEMSS "Ready Kit"**
- Daily Inspection Log
- Wall Mounted Cabinet

* -TU Fitness Center under medical jurisdiction of St. Joseph's Hospital.
**- MIEMSS "Ready Kit" Includes:

- ✓ 1 set of spare Adult defibrillator chest pads
- ✓ 1 set of Pediatric Chest pads
- ✓ 2 disposable pocket facemasks;
- ✓ 1 disposable bag resuscitator;
- ✓ 4 pair disposal gloves;
- ✓ 2 safety razors (for shaving patient's chest, if necessary for proper defibrillator pad contact;
- ✓ 1 absorbent towel/trauma pad;
- ✓ 5 each 4x4 gauze pads;
- ✓ 1 pair scissors;
- ✓ 1 bottle waterless antibacterial hand gel/hand sanitizer;
- ✓ 1 red SMW bag for contaminated wastes;
- ✓ 1 Maryland Facility AED Report Forms for Cardiac Arrest.

APPENDIX F

AED OPERATOR TRAINING RECOGNITION FORM

AED Operator Training Recognition Form

Please complete and maintain the following formation for each AED authorized operator at your facility.

Operator Name: _____

Department of
Environmental Health & Safety

Towson University
8000 York Road
Towson, MD 21252-0001

t. 410 704-2949
f. 410 704-2993
safety@towson.edu

Age: _____ Title: _____

Department: _____ Building: _____

Name of AED Training Program: _____

Date Completed: _____ Refresher Training: _____ Yes _____ No

Name of CPR Training Program: _____

Date Completed: _____ Refresher Training: _____ Yes _____ No

Signature of Operator: _____ Date: _____

Signature of AED Coordinator: _____ Date: _____

Note: Each time this form is completed, **all** Training Program information must be provided.

The above signatures verify that the AED operator is *currently recognized* by a MIEMSS approved AED Program.

APPENDIX G

TOWSON UNIVERSITY AED PROGRAM
SPONSORING PHYSICIAN,
LICENSE TO PRACTICE IN THE STATE OF MARYLAND

SEE HARD COPY LOCATED IN PROGRAM ADMINISTRATORS OFFICE

APPENDIX H

TOWSON UNIVERSITY'S MIEMSS AED PROGRAM CERTIFICATION

95-R(2)

State of Maryland

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

CERTIFIES THAT

Towson University
8000 York Road
Towson, MD 21252

HAS MET ALL THE REQUIREMENTS SET FORTH BY THE STATE OF MARYLAND IN ACCORDANCE WITH SECTION 13-517 OF THE EDUCATION ARTICLE OF THE ANNOTATED CODE OF MARYLAND AND COMAR 30.06 AND IS THEREFORE CERTIFIED FROM: **09/13/07** TO: **09/13/10** TO OPERATE WITHIN THE STATE AS A MARYLAND FACILITY AED PROGRAM.

Robert R. Bass, M.D., FACEP
Executive Director, MIEMSS

APPENDIX I

PowerHeart G3 AED
Service & Operation Manual

SEE HARD COPY
IN
PROGRAM ADMINISTRATORS OFFICE

APPENDIX J

POWERHEART G3 AUTOMATIC AED
SERVICE & OPERATION MANUAL

SEE HARD COPY
IN
PROGRAM ADMINISTRATORS OFFICE

APPENDIX K

AED Serial Numbers and Locations

AED Serial Numbers and Locations

AED Location	AED Model	AED Serial #	Battery Lot #	Ready Kit # & Electrode Exp. Date	AED Battery Exp. Date	AED Installation Date at Location
Athletics – TC Training Room Unit #1	PowerHeart Model 9200RD	300804	6380-07	Electrode Exp Dates AED: 2/09 RK: 2/09 Ped Pads: 4/08	11/08	5-1-02
Athletics – Unitas Stadium Unit #2	PowerHeart Model 9200RD	300805	6380-48	Electrode Exp Dates AED: 2/09 RK: 2/09 Ped Pads: 3/08	11/08	5-1-02
Athletics – Unitas Stadium Men's Lacrosse	PowerHeart Model 9200RD	300799	6380-15	Electrode Exp Dates AED: 2/09 RK: 4/08 Ped Pads: 2/09	04-2007 and 04-2012	5-1-02
Athletics- TC Training Room	Powerheart AED G3 Automatic Model 9300A-501	4047755	10796-200	Electrode Exp Dates AED: 6/09 RK: 6/09 Ped Pads: 4/09	1/2011	2/9/07
Administration	Powerheart AED G3 Automatic Model 9300A-401	4032689	10700-047	Electrode Exp Dates AED: 2/09 RK: 4/08 Ped Pads: 11/08	8/2006	1/5/07
Burdick	Powerheart AED G3 Automatic Model 9300A-401	4034843	10707-147	Electrode Exp Dates AED 4/08 RK: 4/08 Ped Pads:11/08	9/2006	1/5/07
Dowell Health Center	Powerheart AED G3 Automatic Model 9300A-401	4034844	10707-158	Electrode Exp Dates AED: 2/09 RK: 2/09 Ped Pads:11/08	9/2006	1/10/07
Linthicum Hall	Powerheart AED G3 Automatic Model 9300A-401	4032551	10700-036	Electrode Exp Dates AED: 2/09 RK: 2/09 Ped Pads:11/08	8/2006	1/10/07
Towson Center Arena	Powerheart AED G3 Automatic Model 9300A-401	4034872	10707-148	Electrode Exp Dates AED: 2/09 RK: 2/09Ped Pads:11/08	9/2006	1/5/07
Towson Center (For Events & Conference Services Events Only)	Powerheart AED G3 Automatic Model 9300A-401	4032664	10700-046	Electrode Exp Dates AED: 2/09 RK: 4/08 Ped Pads: 11/08	8/06	1/5/07

AED Location	AED Model	AED Serial #	Battery Lot #	Ready Kit # & Electrode Exp. Date	AED Battery Exp. Date	AED Installation Date at Location
University Police Department	PowerHeart AED G3 Model 9300E-001	330567	Lot# 7806-121 Option 001	Electrode Exp Dates AED: 2/09 RK: 4/08 Ped Pads: 3/08	9-2008 and 9-2011	5/17/04*
University Union	Powerheart AED G3 Automatic Model 9300A-401	4034875	10707-164	Electrode Exp Dates AED: 2/09 RK: 4/08 Ped Pads: 11/08	9/2006	1/5/07
Towson Center (For Kinesiology Dept Use Only)	Powerheart AED G3 Automatic Model 9300A-501	4105490	10818-113	Electrode Exp Dates AED:7/09 RK: 7/09 Ped Pads: 5/09	3/2011	4/5/07
Van Bokkelen Hall (Speech Language Hearing Clinic)	Powerheart AED G3 Automatic Model 9390A-501	4153128	11236-162	Electrode Exp Dates AED:3/10 RK: 3/10 Ped Pads: 12//09	1/2012	1/18/08

APPENDIX L

AED Warranty Cards

SEE HARD COPY
IN
PROGRAM ADMINISTRATORS OFFICE

APPENDIX M

MDLINK SOFTWARE MANUAL

SEE HARD COPY
IN
PROGRAM ADMINISTRATORS OFFICE

APPENDIX N

MDLINK & RESCUELINK SOFTWARE

See Program Binder

IN

PROGRAM ADMINISTRATORS OFFICE

APPENDIX P

AED EMERGENCY STICKER (ON AED LID)

-EXAMPLE-

NOTICE

After Use
Or
In Case of AED Malfunction-
Call (in this order):
Towson University Police (410)704-2133
Gregg Wood (443) 928-8677